

# Workforce Disability Equality Standard (WDES) Report 2019



## 1. History of the Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of Disabled staff in the NHS.

## 2. WDES Reporting metrics

The WDES comprises ten Metrics. All of the Metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, HR data) with the exception of one; Metric 9b asks for narrative evidence of actions taken, to be written into the WDES annual report.

The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. Research has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to non-disabled staff. The ten Metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England, and by Disability Rights UK on behalf of NHS Employers. The annual collection of the WDES Metrics will allow NHS Trusts and Foundation Trusts to better understand and improve the employment experiences of Disabled staff in the NHS.

The WDES Metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

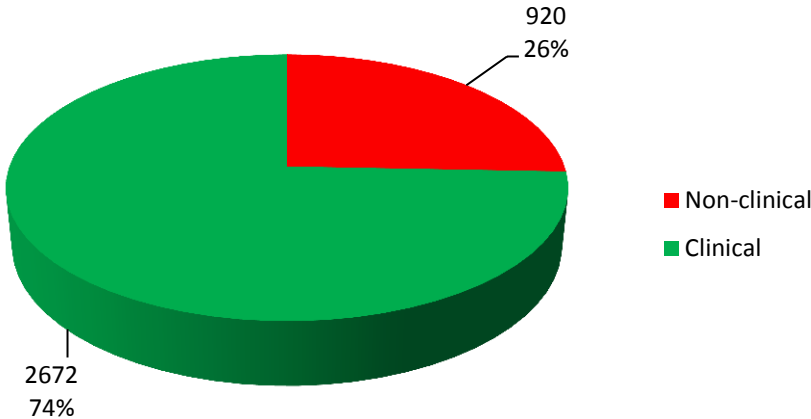
### 3. Our WDES report 2019

Our Workforce Disability Equality Report for 2019 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31<sup>st</sup> March 2019
- An analysis of the specific information supplied, as this is the first year of reporting.
- At the present time we are unable to compare ourselves against similar Trusts as the details have not yet been published.
- Recommendation as to future action to support our people who identify with a disability within the workforce.

### 4. Specific Information 31<sup>st</sup> March 2019

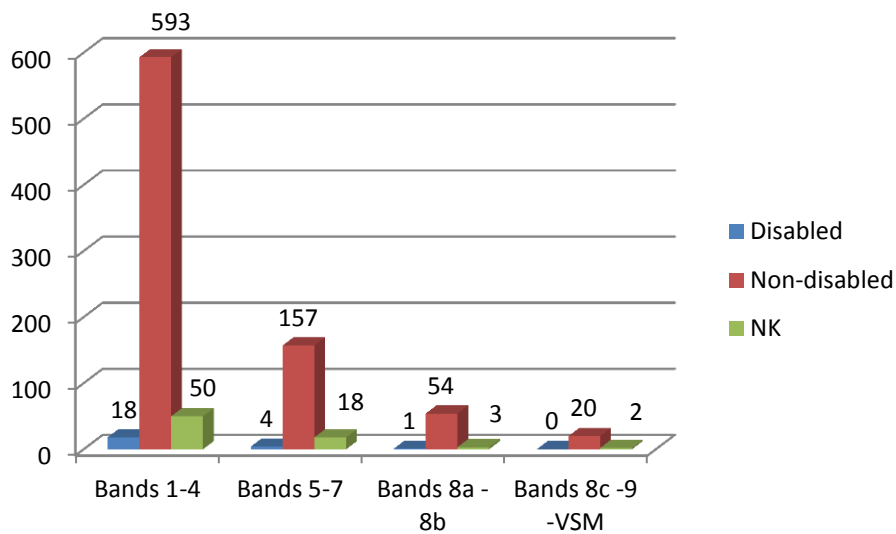
The Trust collected our data on the 31st March 2019 when our workforce consisted of 920 non-clinical staff and 2672 clinical staff.



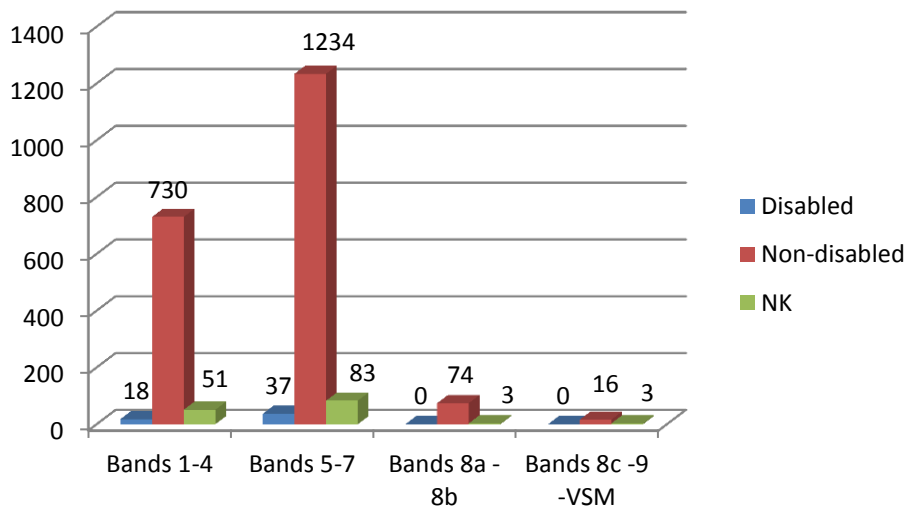
**5. Metric 1**

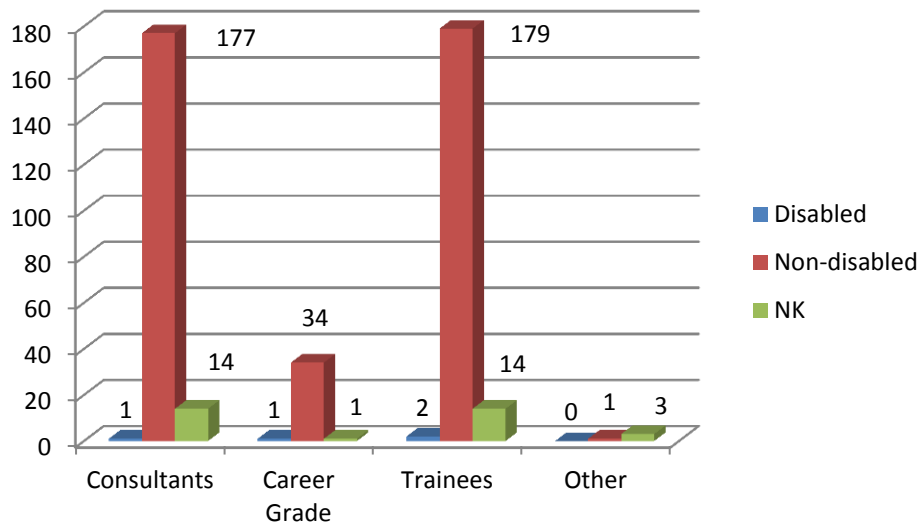
Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. (Organisations should undertake this calculation separately for non-clinical and for clinical staff.)

**Non-clinical:**



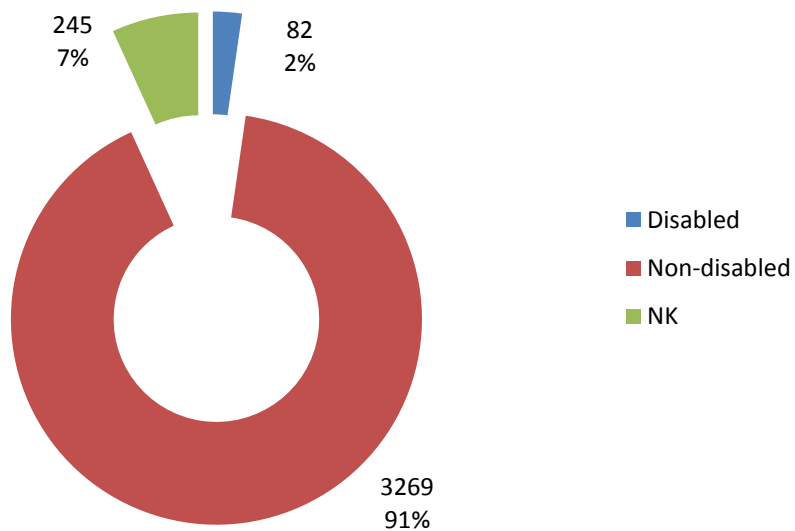
**Clinical:**





**Overall workforce:**

When we look at the overall workforce we see that 2% of our people have identified with a disability, 91% as non-disabled and 7% have preferred not to say.



**Note:** Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

## 6. Metric 2

Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

Two additional questions were asked in this section:

1. Has your organisation signed up to the Disability Confident Scheme?
2. Does your organisation use a Guaranteed Interview Scheme?

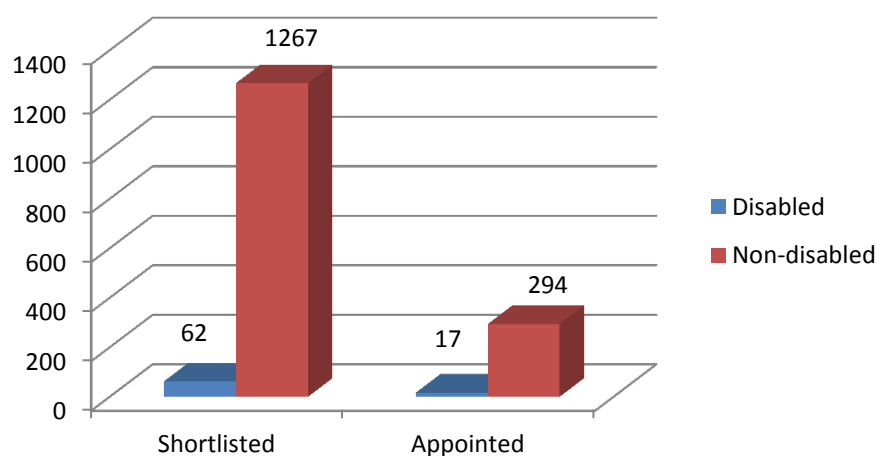
### Response to these questions:

1. Salisbury NHS Foundation trust has signed up to the Disability Confident Scheme. This accreditation expires in October 2019.
2. Salisbury NHS Foundation trust does operate a Guaranteed Interview Scheme.

As our organisation implements the guaranteed interview scheme matrix 2 includes the following endorsement:

*“If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.”*

### Number of shortlisted and appointed applicants:

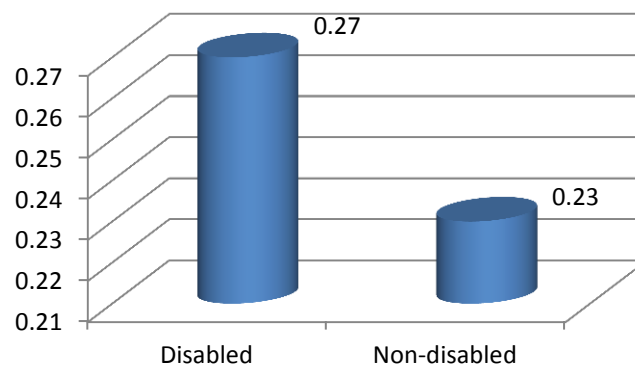


A total of 1329 people were shortlisted for positions within the Trust. Of these 311 were appointed to posts, this equates to 23.4% of those who were shortlisted.

Of those shortlisted 62 people identified as having a disability. 17 people with disabilities were appointed, this equates to 27.4% of shortlisted candidates with a disability.

1267 of those shortlisted identified as having no disability. Of these 294 were appointed to posts, this equates to 23% of those shortlisted.

**Relative likelihood of being appointed:**



**7. Metric 3**

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

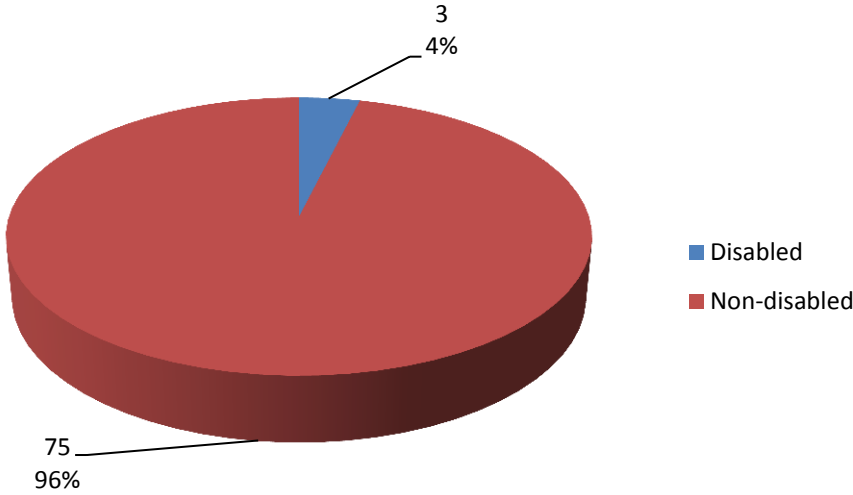
- i) This Metric will be based on data from a two-year rolling average of the current year and the previous year.
- ii) This Metric is voluntary in year one.

Although this section is voluntary Salisbury NHS Foundation Trust chose to submit data this year. There was one extra question included:

- Is capability on the grounds of ill health and capability on the grounds of performance managed by different policies in your organisation?

Our response to this section was that we have different policies to deal with each.

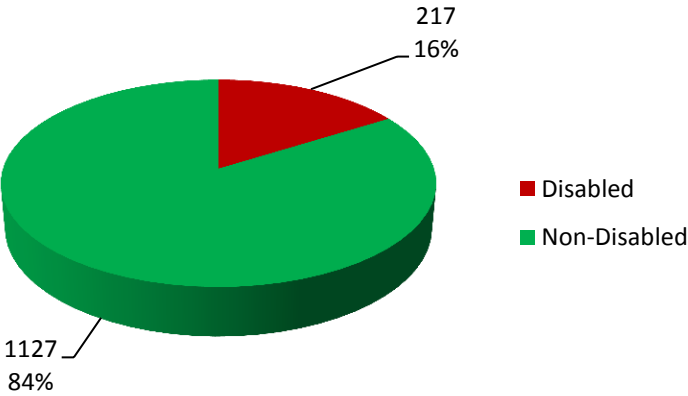
**Staff entering the formal capability process:**



At the present time our record show 82 people who have identified as having disabilities with the workforce. Using this figure to calculate the relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff it shows that Disabled staff are 1.57 times more likely than Non-Disabled staff.

**8. National NHS Staff Survey Metrics**

The following Metric's have used information from the National NHS Staff survey. A total of 1344 members of Salisbury NHS Foundation trust staff took part in the Survey, this equates to 37% of the total workforce. Of those who responded to the survey 217 stated that they had a disability, this equates to 6% of the total workforce.

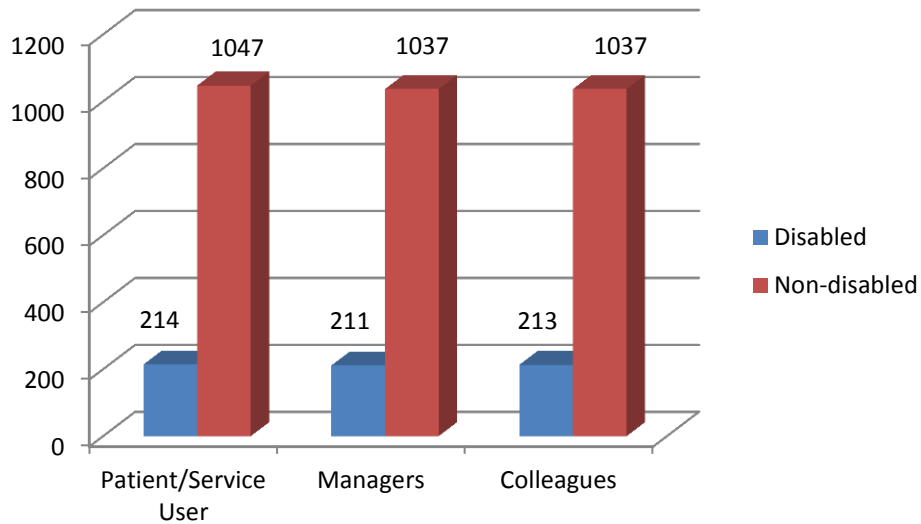




**9. Metric 4 – Staff Survey Question 13**

- a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
- i. Patients/service users, their relatives or other members of the public
  - ii. Managers
  - iii. Other colleagues

**Staff experiencing harassment, bullying or abuse from:**



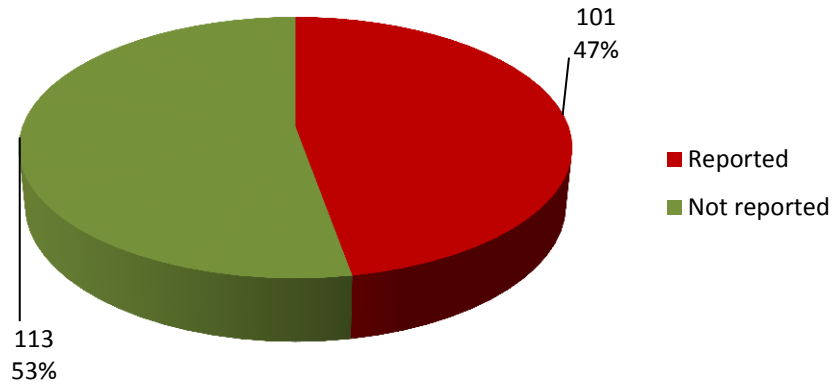
You will see that a total of 217 of our people stated in the Staff Survey that they had a disability compared to only 82 in our HR records. Therefore it is difficult to calculate the exact percentage of staff who have experienced harassment, bullying or abuse. The above graph shows the breakdown on responses from the staff survey.

Of the 217 respondents 98% said they had experienced harassment, bullying or abuse from patients/service users, 97% from managers and 98% from colleagues.

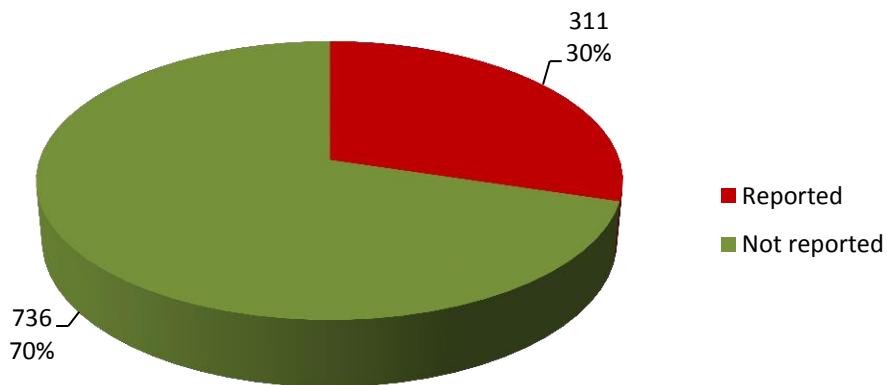
Of the 1127 non-disabled staff who responded, an average of 77% stated that they had experienced harassment, bullying or abuse from patients, service users, managers and colleagues.

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

**Disabled:**



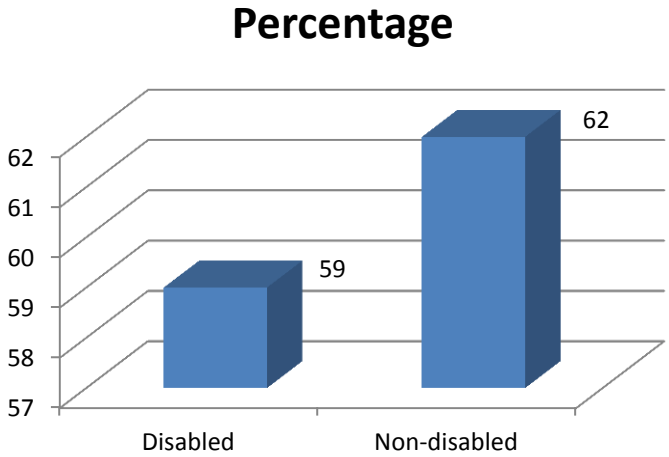
**Non-disabled:**



The above graphs would indicate that staff who identify as having a disability are more likely to report incidents of harassment, bullying or abuse than non-disabled staff.

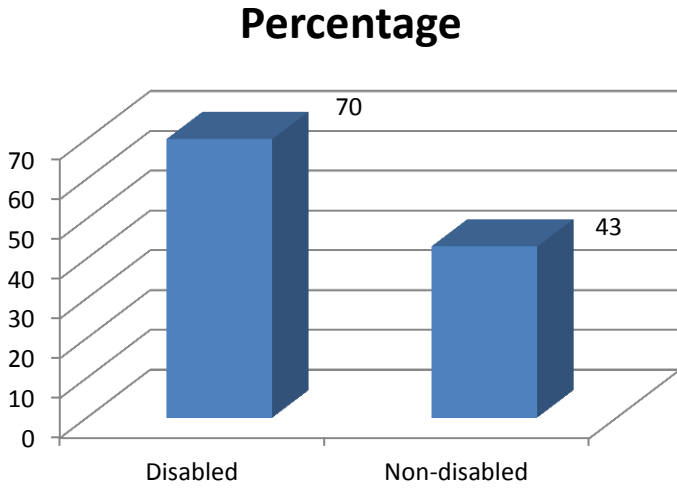
**10. Metric 5 – Staff Survey question 14**

Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.



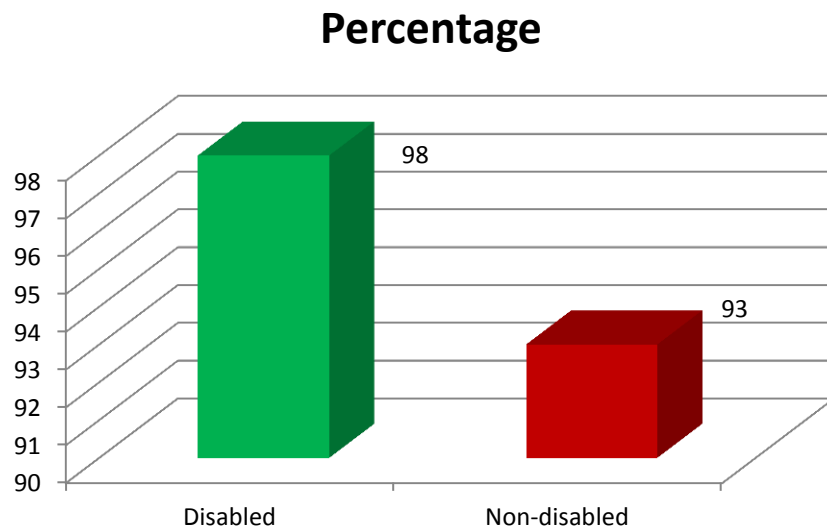
**11. Metric 6 – Staff survey question 11**

Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



## 12. Metric 7 – Staff survey question 5

Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.



There was an additional question asked in this section:

- Does your organisation provide any targeted actions to increase the workplace satisfaction of Disabled staff?

At the present time we have answered NO to this question.

## 13. Metric 8 – Staff survey question 28b

Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

This NHS Staff Survey Metric only includes the responses of Disabled staff.

There were a number of additional questions asked:

- Does your organisation have a reasonable adjustments policy?
- Are costs of reasonable adjustments met through centralised or local budgets?
- Has your organisation taken action to improve the reasonable adjustments process?

- **Staff Survey response:**

**54%**

Of the 217 disabled staff who responded to the NHS Staff Survey 117 (54%) stated that the trust had made adequate adjustment(s) to enable them to carry out their work.

In response to the additional questions we reported that we do not have a specific policy referring to reasonable adjustments. However, our process is included in the “Employment of People with Disabilities Policy” which is linked to the “Attendance Management Policy”

At the present time we do not have a central register of reasonable adjustments. These are agreed between the individual and their line manager, who keeps the record of adjustments.

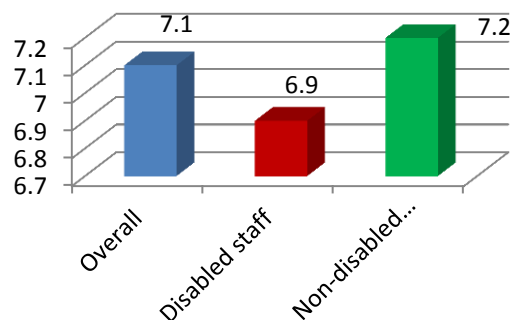
Cost of adjustments are met at a local department level.

At the present time the reasonable adjustment process is being reviewed.

## 14. Metric 9

- The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.
- Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

### Staff Engagement Scores (NHS Staff Survey)



There was an additional question:

- Does your organisation have a Disabled Staff Network?

We reported that we do not yet have a Disabled staff network but we have for a number of years had a number of dedicated Disability Diversity Champions. We are in the process of increasing their number and facilitating the development of a Staff Network within the next few months.

The Disability Diversity champions will also be linked to the newly formed EDI Committee which will be meeting on a regular basis.

## 15. Metric 10

Board representation Metric For this Metric, compare the difference for Disabled and non-disabled staff.

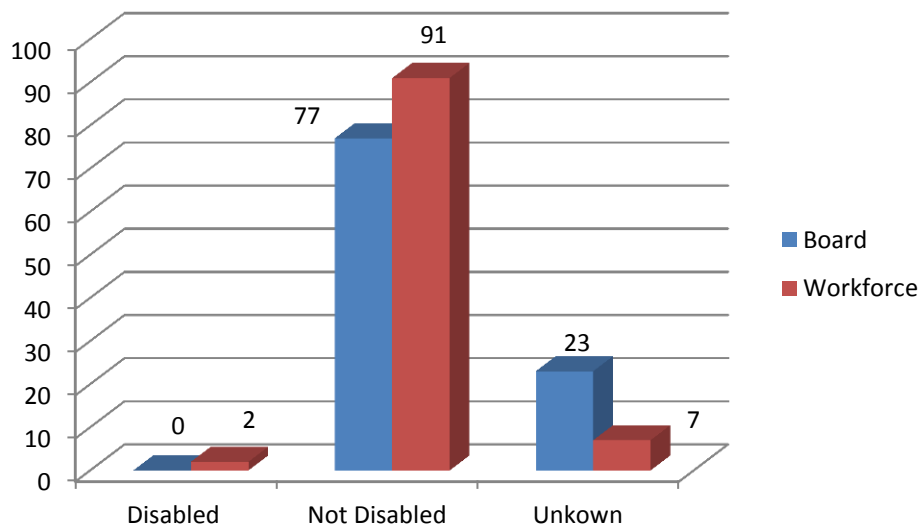
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board.
- By Executive membership of the Board.

There was an additional question in this section:

- Does your Board have a champion for Disability Equality?

### Percentage Board/Workforce:



At the present time none of our Trust Board identify as having a disability.

We are in the process of reviewing executive sponsor for the protected characteristic groups. This will include identifying a disability champion/sponsor on the Board.

## 16. Equality Act Definition of Disability

The definition is set out in section 6 of the Equality Act 2010. It says you're disabled if:

- you have a physical or mental impairment
- that impairment has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities

Some impairments are automatically treated as a disability. You'll be covered if you have:

- cancer, including skin growths that need removing before they become cancerous
- a visual impairment - this means you're certified as blind, severely sight impaired, sight impaired or partially sighted
- multiple sclerosis
- an HIV infection - even if you don't have any symptoms
- a severe, long-term disfigurement - for example severe facial scarring or a skin disease

These are covered in Schedule 1, Part 1 of the Equality Act 2010 and in Regulation 7 of the Equality Act 2010 (Disability) Regulations 2010.

Please note the definition is quite wide - for example, a person might be covered if they have a learning difficulty, dyslexia or autism.



## 17. Reasonable Adjustments – Sec.20 Equality Act 2010

Section 20 of the Equality Act 2010 creates a legal duty on employers which comprises the following three requirements.

1. The first requirement is a requirement, where a provision, criterion or practice of A's puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.
2. The second requirement is a requirement, where a physical feature puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.
3. The third requirement is a requirement, where a disabled person would, but for the provision of an auxiliary aid, be put at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to provide the auxiliary aid.

### **When must an employer make reasonable adjustments?**

An employer must consider making reasonable adjustments, involving the disabled worker or successful job applicant in the discussion about what can be done to support them and the decision, if:

- it becomes aware of their disability
- it could reasonably be expected to know they have a disability
- the person asks for adjustments to be made
- the worker is having difficulty with any part of their job
- either the worker's sickness record, or their delay in returning to work, is linked to their disability.

### **What does reasonable mean?**

What is reasonable will depend on the circumstances of each individual case. And it will depend on an assessment of factors including:

- Is the adjustment practical to make?
- Does the employer have the resources to pay for it?
- Will the adjustment be effective in overcoming or reducing the disadvantage in the workplace?



- Will the adjustment have an adverse impact on the health & safety of others? The size of an employer can be a factor. An employment tribunal may expect more from a large organisation than a small one because it may have greater means. Also, whether the employer has access to other funding, such as the Government's Access to Work scheme, could be another factor. The employer is responsible for paying the cost.

An employer is not required to change the basic nature of a job. And if there are times when suggested adjustments are unreasonable, an employer could lawfully refuse to make them.

## 18. Conclusion

This is the first year that the Workforce Disability Equality Standard has operated and therefore there are not yet any comparisons with previous years. It is estimated that the national WDES data will be published in January 2020.

In collecting the data within the Trust we have identified that we do not have a true picture of people with a disability within our HR systems. Within those systems 82 people have identified as having a disability and 245 staff did not whether they had a disability or not. When we looked at the response to the NHS Staff Survey we see that 217 of our people identified as having some form of disability. This indicates that we need to encourage our people to provide accurate and up-to-date equality data.

Another area we have identified as need improvement was around reasonable adjustments. The Trust does not currently have a specific reasonable adjustments policy as indicated in Section 13 of this report. We do not have a central register of reasonable adjustments or any dedicated core funding, as these are dealt with between the local managers and the individual. There also appears to be some lack of understanding of what a "reasonable adjustment" is.

As we have no central record we are unable to evidence the efficiency of our process. Anecdotally we hear that the time frame for reasonable adjustments being put in place can be quite extended, especially if this involves extra funding being required. There is clearly a need to review the reasonable adjustments process.

At the present time we do not have an effective staff disability network. We do have a number of Disability Diversity champions and the number is increasing.

Of those who completed the staff survey questions 70% of disabled staff stated that they "*pressure from their manager to come to work, despite not feeling well enough to perform their duties*".

## 19. Recommendations

Salisbury NHS Foundation Trust should take the following action to support our people who identify with disabilities to ensure they have an equal opportunity to progress within the workforce:

- Encourage our people to provide up-to-date, relevant and accurate equality data through our ESR self-reporting process. Ensuring they understand the benefits for doing so.
- Engage with our Disability Diversity Champions and our disabled staff to facilitate and develop a Disability Support network.
- Identify a lead Disability Diversity Champion to represent the Disability Network on the EDI Committee.
- Carryout a review of the “Employment of People with Disabilities Policy” with a view to creating a dedicated “Reasonable Adjustments Policy”.
- Develop a central record of reasonable adjustments, to include a record of the time taken to implement.
- Working with the Disability Diversity Champions, Disabled staff and the wider organisation to develop a WDES Action Plan to incorporate these recommendations.
- Encourage our people who identify as disabled to complete the NHS Staff Survey.
- Develop awareness training for managers on the subject of disability and reasonable adjustments.
- Identify a Trust Board Sponsor for Disability across the Trust.

## 20. Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion  
[Rex.webb@nhs.net](mailto:Rex.webb@nhs.net)

Sponsor: Director of OD and People